



OKLAHOMA
NON-MINING BLASTING PERMIT
APPLICATION

NAES NORTHEAST, LLC

POSTED FROM

08/02/2023 to 08/16/2023

RECEIVED

JUN 26 2023

DEPT. OF MINES

Oklahoma Department of Mines
2915 N. Classen Blvd., Suite 213
Oklahoma City, OK 73106



Phone: (405) 427-3859
Fax: (405) 424-4932
Or (405) 427-9646

STATE OF OKLAHOMA
DEPARTMENT OF MINES

APPLICATION FOR BLASTING PERMIT

IN ACCORDANCE WITH 63 O.S., (1995) 123.1 et seq.

(SECTION 1)

DATE: 6-19-23

PERMIT TYPE: One Time Limited Time X Continuous Blasting Operations

If this is for renewal of a current blasting permit, list your permit number: P-103

CORPORATION/BUSINESS NAME NAES Northeast LLC

1240 Saratoga Rd. Bolton GA NY 12020
Mailing Address (Street, R.F.D., Box No.) City State Zip

402 S Big Run Rd. Ashland KY 41102
Physical Address of Business (Location where blasting records are held for review)

26-1537350 1-518-885-1820 518-885-7638
Federal Tax ID# Business Telephone Number Fax Number

I hereby make application for a permit to use explosives or engage in blasting in the State of Oklahoma.

PLEASE ATTACH COPIES OF THE FOLLOWING: (For all Certified Blasters)

- Copy of the Blaster's Certificate
- Any information concerning administrative or judicial proceedings in which the applicant is involved and the current status; notification of permit suspension or revocation (460:25-5-6)
- Verification of application
- Proof of Liability Insurance (460:25-11-3)

OFFICIAL USE ONLY

DATE RECEIVED: _____
DATE APPLICATION WAS APPROVED: _____
STATE PERMIT NUMBER: _____
RENEWAL DATE FOR PERMIT: _____

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Oklahoma Department of Mines
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STATE OF OKLAHOMA
DEPARTMENT OF MINES

OKLAHOMA APPLICATION FOR A BLASTING PERMIT
Compliance and Related Information
(Section 2)

Date 6-19-23

NAES Northeast LLC.
Name of company

Mine name or number

1240 Saratoga rd. Ballston Spg NV 12020
Company address Street, RFD or Box City State Zip Code

NOTE: ANSWER ALL QUESTIONS ON THIS FORM. (If no answer, write "none"). PROPERLY IDENTIFY AND SECURE ANY ATTACHED EXHIBITS, IF USED. PLEASE REFER TO THE SPECIFIC ITEM NUMBER OF THIS FORM.

IDENTIFICATION OF INTERESTS: In compliance with section 460:25-5-5 of the Rules and Regulations for Blasting, the APPLICANT is required to furnish the following:

460:25-5-5

1a. Applicant is an Individual or Single Proprietorship () If yes, provide Social Security #:

1b. Applicant is a: () Corporation () Joint Venture () Partnership (X) Other LLC.

2. Please provide the names of every officer, partner, director, or other person performing similar to director of the applicant.

Scott Nolan PO Box 851/206 High St. Ceredo WV 25507/COO
Name Address City State Zip Position

Name Address City State Zip Position

Name Address City State Zip Position

Name Address City State Zip Position

COMPLIANCE INFORMATION

460:25-5-6

1. Has the applicant for the permit, or any subsidiary, affiliate or by or under common control with the applicant has a suspended or revoked permit in the last five (5) years? ____ Yes ~~____~~ No ~~____~~
2. If the answer to the above question was yes, applicant should provide the following information:

460:25-5-6(2)(A)

Permit Identification # _____ Date of Issuance _____

460:25-5-6(2)(B)

What is the current status of the permit involved? _____

460:25-5-6(C)

Provide the date, location and type of any administrative or judicial proceedings initiated concerning the suspension, revocation or forfeiture:

Date	Location	Type
------	----------	------

460:25-5-6(D)

What is the current status of these proceedings? _____

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CERTIFIED BLASTERS*
FOR INFORMATIONAL PURPOSES ONLY

OAC 460:25-13-6 (b) states "The blaster certification shall be carried by the blaster or shall be on file at the blasting area during the blasting operation."

BLASTER'S STATE CERTIFICATION #: 1915

ISSUED DATE: 11-16-21 EXPIRATION DATE: 11-30-23

Charles G. ReFlett 518-885-1820
Name of Certified Blaster Telephone Number

BLASTER'S STATE CERTIFICATION #: _____

ISSUED DATE: _____ EXPIRATION DATE: _____

Name of Certified Blaster Telephone Number

BLASTER'S STATE CERTIFICATION #: _____

ISSUED DATE: _____ EXPIRATION DATE: _____

Name of Certified Blaster Telephone Number

BLASTER'S STATE CERTIFICATION #: _____

ISSUED DATE: _____ EXPIRATION DATE: _____

Name of Certified Blaster Telephone Number

BLASTER'S STATE CERTIFICATION #: _____

ISSUED DATE: _____ EXPIRATION DATE: _____

Name of Certified Blaster Telephone Number

***A current certification is required to conduct blasting.**

VERIFICATION OF BLASTING PERMIT APPLICATION

In accordance with 460:25-5-8 of the State of Oklahoma Blasting Regulations this is verification that the information contained in this application is true and correct to the best of my information and belief; and the applicant has not had a permit suspended or revoked in the last five years.



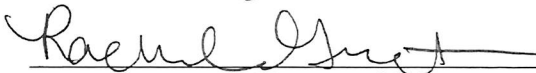
Signature of an Official of the Company

General Manager

Title of Official

ATTEST:

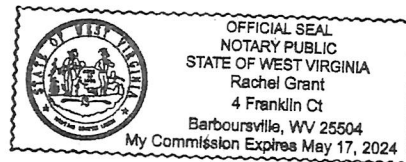
Subscribed and sworn to before me this 21 day of July 20 23



Notary Public

My Commission Expires:

May 17, 2024



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JUL 31 2023
DEPT. OF MINES



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/3/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Edgewood Partners Ins. Center Corporation; 308 S Akard Street Room 1610 Dallas AL 75202	CONTACT NAME: Kelly Chapple PHONE (A/C, No, Ext): 2055813330 FAX (A/C, No): E-MAIL ADDRESS: kelly.chapple@epicbrokers.com
INSURED NAES Northeast, LLC 1240 Saratoga Road Ballston Spa, NY 12020	INSURER(S) AFFORDING COVERAGE INSURER A: Nautilus Insurance Company INSURER B: Great Divide Insurance Company INSURER C: Travelers Lloyds Insurance Company INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 644105003**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Conr Pollution <input checked="" type="checkbox"/> E&O GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ECP203226914	6/17/2023	6/17/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BAP203227213	6/17/2023	6/17/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	FFX203227313	6/17/2023	6/17/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WCA203227113	6/17/2023	6/17/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Leased/Rented/Owned Eqmt			QT6303S352654TIL23	6/17/2023	6/17/2024	Per Item 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See Attached Wording

See Attached Wording RE Blasting Permit: The GL policy provides coverage for the insured's blasting operations;

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CERTIFICATE HOLDER**CANCELLATION**

State of Oklahoma Department of Mines Non-Coal/Mineral Division
2915 N. Classen Blvd, Ste 213
Oklahoma City OK 73106
USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NORTH AMERICAN INDUSTRIAL SERVICE INC.

DEPARTMENT OF MINES

2915 N. CLASSEN BLVD., STE 213
OKLAHOMA CITY, OK 73106
405/427-3859

73917
DATE 6/26/2023

RECEIVED FROM NIES Northeast LLC

THE SUM OF one hundred fifty and 00/100 DOLLARS \$ 150.⁰⁰

FOR NMS blasting permit renewal for P-103

AMOUNT OF ACCOUNT \$ _____

AMOUNT PAID 386.86 \$ _____

BALANCE DUE \$ _____

☐ CASH ☒ CHECK ☐ M.O. ☐ CREDIT CARD

Thank You!

BY MSmerin